Doc Code:

Approved for use through 07/31/2006. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paper ark Reduction Act of 1996 no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Name (Print/Type)

Effective oru 2/08/2004. Fees pursuant to the transplication Appropriators Act, 2005 (H.R. 4818).		Complete if Known		
		Application Number	09/900,989	
FEE TRANSI		Filing Date	July 9, 2001	
for FY 2005		First Named Inventor	Price, et al	
F		Examiner Name	James A. Reagan	
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	6871	
TOTAL AMOUNT OF PAYMENT	(\$) \$450.00	Attorney Docket No.	HIS-P001-01	
METHOD OF PAYMENT (check all that apply)				
Check Credit Card Money Order None Other (please identify):				
Deposit Account	t Number: 02-0390	Deposit Accou	nt Name: Bak	cer & Daniels
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee				
Charge any additional fee(s) or any underpayment of Credit any overpayments				
fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
FEE CALCULATION				
1. BASIC FILING, SEARCH, AND EX	CAMINATION FEES			
FILING F	FEES SEAR		EXAMINATION FEES	
Application Type Fee (\$)	Small Entity Fee (\$) Fee (\$)	Small Entity Fee (\$) F	Small Entity Fee (\$) Fee (\$)	Fees Paid(\$)
Utility 300	150 500		200 100	rees rainly.
Design 200	100 100		130 65	
Plant 200	100 300		160 80	
Reissue 300	150 500		600 300	
Provisional 200	100 0	0	0 0	
2. EXCESS CLAIM FEES		-	·	
Fee Description			Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissue	es)		50	25
Each independent claim over 3 (include	•		200	100
Multiple dependent claims	-		360	180
Evino Claim				Dependent Claims
$\frac{\text{Total Claims}}{27 - 48} \text{ or HP} = \frac{\text{Extra Claim}}{0}$		Fee Paid (\$)	<u>Fee (\$)</u>	Fee Paid (\$)
HP = highest number of total claims paid for,	x \$50.00	=\$0.00		
Indep. Claims Extra Claim	ns Fee (\$)	Fee Paid (\$)		
3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)				
- 100 =	/ 50	(round up to a who		
4. OTHER FEE(S)				Fee Paid (\$)
Non-English specification, \$130 fee Other (e.g. late filing surcharge):	(no small entity discour	extension of	1 + 1 10	\$450.00
	I wa Month	er moior of	_7 mx	
SUBMITTED BY	1/1/ A	Registration No.		
Signature Signature	· VURANOVIV	(Attorney/Agent) 33,2	266 Telephone	317-237-1194

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date

March 25, 2005

Timothy . Niednagel